

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38991
9791

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1009		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				1d. STREET ADDRESS (If rural, give location) 3012 1/2 Indiana Ave.					
3. NAME OF DECEASED (Type or Print) Fannie		a. (First) Pauline		c. (Last) Samuels		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1890			
9. AGE (In years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mound City, Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ferdinand Wehrfritz		13b. MOTHER'S MAIDEN NAME Carrie Seidel		14. NAME OF HUSBAND OR WIFE Henry Samuels			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emma Wehrfritz		ADDRESS 3329 Indiana			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Quinque pneumoniae of</u> ANTECEDENT CAUSE <u>None</u> DUE TO (b) <u>Endemic pleuropneumonia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11998</u>					
22. I hereby certify that I attended the deceased from <u>10-2-</u> , 1950, to <u>11-17</u> , 1950, that I last saw the deceased alive on <u>11-17</u> , 1950, and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. S. Sheets</u>		(Degree or title)		23b. ADDRESS <u>2500 S. Knipphausen</u>		23c. DATE SIGNED <u>11-17-50</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis, County</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Nov 18 1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>With Bros. L. & H. G.</u>		ADDRESS <u>2929 S. Jefferson Ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

D. M. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.